

# REACTIONS OF CHILDREN WITHIN FAMILY GROUPS AS MEASURED BY THE BENE-ANTHONY TESTS

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THE purpose of this paper is to describe the results obtained when the Bene-Anthony Family Relations Test was administered to 69 children in 28 families and to relate these results to the health and social characteristics of this group. These children, 17 American Negroes, 46 Puerto Ricans and 6 Americans of European descent receive out-patient paediatric care from two paediatricians and a public health nurse, in a small family neighbourhood clinic located in a Manhattan slum area. The parents of these children also receive out-patient treatment from the two internists associated with this clinic.

Close contact is maintained with each family and a record is kept of all episodes of illness occurring in each individual whether or not these require medical care. These episodes are counted and evaluated in terms of severity and duration. The number of episodes of illness over a given period of time is used as an index of the individual's health. When individuals are hospitalized summaries of these admissions are included in the family's record. Observations on the day-to-day happenings in the lives of the families studied and the manner in which these people view their situation are also included in the medical record so that clinicians become aware of the setting in which illness occurs. The results obtained through the Bene-Anthony Test provide additional data on the dynamics of family life and on the meaning of illness in this group of children.

## METHOD AND PROCEDURE

The Bene-Anthony Test (1, 2) involves 20 outline cardboard figures representing people of various ages, shapes and sizes. Each figure is attached to a little red box with a slot. The test situation is essentially a play situation. The child is asked to pick out a number of figures from this collection to represent the members of his family, including himself. Then he is given little cards which are read to him, or which he may read himself. On these cards are written statements which may apply to different individuals in the family. The child is asked to put the cards "into the person" (hole in the box) whom the message it conveys fits best. If he feels that the statement does not apply to anyone the card is put into a box marked "Mr. Nobody".

While the child is not asked to verbalize his feelings about members of the family, he is expected to express his feelings about himself, his mother, father, and siblings through the choice of a card which states an emotional attitude. The subject puts the card into the hole in the box where it is out of sight, and so he need never compare or sum up his choices. There are two test forms, one with 40 items and a phrasing adapted to a younger age group, the other with a more adult vocabulary including 86 items.

The statements on the cards are designed to elicit the expression of a variety of feelings (2):

1. Positive feelings coming from the child (outgoing), or going towards him (incoming);  
i.e. "This person in the family is very nice",—"This person in the family really understands me."
2. Negative feelings coming from the child (outgoing) or going towards him (incoming);  
i.e. "This person in the family is sometimes bad-tempered",—"This person in the family hits me a lot."

Another category of feelings is grouped under the heading of "Dependency Feelings". In the form for younger children, dependency items represent the child's feelings of dependency on others; i.e., "N (child's name) wants you to help him get dressed in the morning". "Who should help N get dressed in the morning?"

For older children, the dependency items deal with over-indulgence exercised by either parent or maternal over-protection; i.e., "This is the person in the family father spoils too much"—"Mother worries that this person in the family doesn't eat enough." The figures chosen by the child represent those individuals whom he considers over-indulged or over-protected.

The Paediatrician (M.G.) and the Public Health Nurse (E.J.) administered the test according to the instructions detailed in the manual (2) by the authors of the test. Older children were encouraged to read the cards themselves and enjoyed doing so. Where the children did not understand English, a standard Spanish translation made by the Public Health Nurse was used. Both the Public Health Nurse and the Paediatrician were well acquainted with the children and a good rapport existed between them. The older form was used whenever the examiner felt that the child could comprehend it.

Fifteen boys and seventeen girls—32 children, with a mean age of 5.5 years and an age range of 4–8 years were tested on the shorter form. Thirteen (41 per cent.) were approximately 5 years old. The form for older children was given to 37 subjects—20 boys and 17 girls ranging from 7 to 15 years of age, with a mean age of 10.2 years; 9.9 years for boys, 10.6 years for girls. Twenty, or more than half, were 9 or 10 years old, and only 4 were over 12. With the exception of one child in each group the results from the form for younger children came from individuals of 7 or younger, while the results from the form for older children came from individuals of 8 or older.

On the basis of observations extending over a period of from one to five years, the Internist (B.B.), the Paediatrician (M.G.), and the Public Health Nurse (E.J.), each acting independently, assigned a "good" or "poor" rating to the children tested and to their families on six variables. In a few cases where there was a difference of opinion among the staff, this was resolved by discussion and the rating was revised to represent the opinion of the group.

## DEFINITION OF VARIABLES

1. *Health of Child*

A rating of good health was assigned to those children who met the following criteria:

- (a) History of normal development and uncomplicated childhood diseases.
- (b) For the year 1958, eight recorded minor illnesses or less in the case of children under 6; five recorded minor illnesses in the case of children over 6.

Any child with an episode of pneumonia, convulsive disorder, or other serious illness during 1958, was placed in the sicker group.

2. *Health of Family*

The necessary criteria for a rating of good health in the case of the child's family were:

- (a) For the year 1958, a family average of not more than six recorded episodes of minor illness for each member.
- (b) Chronic illness or gross congenital defect in not more than one member of the family.

3. *Quality of Marriage*

Positive evidence of a good relationship between husband and wife as observed by the staff on home visits, in the clinic, and on the street, coupled with lack of evidence that children were used as pawns in domestic quarrels and no report of court procedures between spouses—these formed the basis for a good rating in this category.

4. *Interest of Mother in Children*

The rating was based on evidence of a positive relationship with her children as observed by the staff on home visits, in the clinic, or on the street. Such evidence included:

- (a) Spontaneous demonstrations of affection between parent and child.
- (b) Good verbal communications between them.
- (c) Physical care of child as shown by attention to clothing, meals, and following the doctor's instructions.

Only one of the 28 mothers was felt to lack interest in her children; for the others the contrast is, then, between high and moderate interest.

5. *Interest of Father in Children*

The rating here is between interest and low or no interest. While the same kind of evidence as that found in the case of the mother indicating a positive relationship was used to establish a good rating, the father's role in sharing responsibility for decisions related to education and discipline was considered an important component of his role.

6. *The Father as a Provider*

In this sub-culture the ability for the father to provide for his family is considered his most important characteristic and his position as head of the household in the Puerto Rican family depends on this capacity. For purposes

of this discussion, a father regularly employed who uses his salary for the support of his family was rated as a good provider (3).

Where a man is regularly employed and his earning capacity is low: (i.e. \$40.00 a week) the Department of Welfare grants a supplementary allowance for the support of a large family (3). A father receiving assistance under these circumstances is rated as a good provider by his neighbours; the staff did likewise.

Following the administration of the tests and the assignment of the ratings by the clinical staff, test scores were obtained for each of the 69 children by the Psychologist according to the instructions in the Bene-Anthony Test Manual (2). Then, for each variable, mean test scores of subjects with good and poor ratings were calculated.

Three basic scores were obtained for each figure—Nobody, Father, Mother, Self, and Siblings. These are:

1. The total number of items reflecting *positive* feelings;
2. The total number of items reflecting *negative* feelings;
3. The total number of items reflecting *dependency* feelings.

Two additional scores were derived from these:

- (a) *Total involvement*, which is the sum of the negative and positive items, and represents the amount of the child's emotional investment in the particular family member; and
- (b) *Positive minus negative*, which represents the net amount of positive (or negative) feelings for the family member. The latter score was omitted in the case of Nobody since it has no clear psychological meaning.

In addition, the attitude of each child toward each member was categorized as positive where the sum of *positive* items is more than twice the negative, *negative* where the sum of negative items is more than twice the positive, *ambivalent* where neither the number of positive items nor the number of negative items exceeds two-thirds of their combined number.

The items dealing with siblings were pooled to represent all sibling relationships (see section F in Tables I–VI). Seven subjects, all girls (two older, five younger) included figures not actually in the immediate family. Three of these girls belong to an extended family group that lives in close intimacy, and they included eight cousins, nieces, nephews, and an aunt and uncle in their early teens who are, essentially, sibling figures. The figures added by the other four girls consist of five friends, three cousins, and six adults. All of these figures, with the exception of the adults, were included in the scoring as sibling figures.

The possibility that the pooling of sibling scores might cancel out positive and negative feelings toward individual siblings was considered. On the assumption that the sibling most significant for the subject is the one to whom the greatest number of items have been attributed, the Positive-Negative score for this sibling has been recorded, (See Section G in Tables I–VI.)

The degree and direction of the preference for one parent or the other is indicated through an additional score. This is obtained by subtracting the father's positive-negative score from that of the mother—that is, a positive score represents a preference for the mother and a negative score a preference for the father. (See Section D in Tables I–VI.)



The results are summarized in Tables I through VI. For each variable, the mean test scores of subjects with good and poor ratings are recorded. Mean test scores are presented for boys and girls separately in both the younger and the older age groups. The scores have also been combined under the heading Younger Children and Older Children. Differences between upper and lower groups on each variable were evaluated by the *t*-test, and all values of *t* of 1.00 or greater are shown in the Table.\*

Since the two test forms have a different number of items, the test results from older and younger children cannot be combined directly. In some cases, however, a similar trend in relationships appears in both the younger and the older group. In order to ascertain whether a relationship does hold over both age groups either for one sex or for both, each sub-group of subjects was divided at its own median score on the Bene-Anthony Test measure in question. The age groups were then combined and the chi-square test used to determine whether a significant relationship exists between any variable and the likelihood of a child's falling above or below his group's median in any particular test measure.

#### RELATIONSHIPS BETWEEN TEST AND VARIABLES

Additional findings not described in the tables are reported below. The discussion integrates and interprets these and the principal findings in each table as these relate to each variable.

##### 1. *Health of the Child* (see Table I)

(a) *Additional Findings.* For younger children the items of dependence on Self and on Nobody were combined, since depending on oneself is, in a sense, like depending on nobody. This revealed a significantly greater dependence of the sicker children on "Nobody and Self" (.02 level). The healthier younger children report more dependence on the same sex parent than do the sicker children (.01 level); dependence on the parent of the opposite sex is unrelated to the child's health.

Sixty-seven per cent. of healthier boys exhibit ambivalence as the predominant mode of reaction toward siblings whereas only 18 per cent. of the sicker boys do so (.05 level).

\* Since this is an exploratory study and the differences were not predicted, a two-tailed test was used to evaluate the significance level of each *t* (i.e., the probability that such a difference could occur by pure chance). This is the more conservative way of evaluating significance; in future studies, predictions could be made, based on the present results, and one-tailed tests of significance would then be appropriate. Differences that reach the .10 level of significance are cited in the text.

When many *t*-tests are made, as in the present study, a certain number will appear to be significant by chance alone; for example, 10 per cent. of them will reach the 10 per cent. level. Since our interest is in the way that the total pattern of Bene-Anthony Test performance is affected by the six variables being studied, it is useful to test whether the total group of *t*-tests made, or any subgroup of them, is significantly higher than chance. The method used was to compute the number of *t*-values that should reach or exceed 1.00 by chance and compare it with the number actually obtained, using the chi-square test as a one-tailed test (since it is expected that more *t*-values of 1.00 or over would be obtained than chance). This was done for each group of subjects on each variable, and was then used to decide whether to interpret that set of results. In one case, for example, 16 of the 26 values of *t* were 1.00 or more, while the average number expected by chance is 8.7; this would occur by chance only one time in a thousand, so we may interpret the results for that group of subjects on that variable with some confidence. In another instance, only 4 reach a *t* of 1.00 or more, on a chance basis 4 or more such *t*-values would occur 97 times out of 100. In such a case, even if a few results, taken individually, appear to be significant, they should probably not be interpreted, or interpreted with extreme caution.

TABLE I  
Health of the Individual Child vs. Bene-Anthony Test Scores  
TEST SCORES

HEALTH OF CHILD	Younger Boys			Younger Girls			Younger Children			Older Boys			Older Girls			Older Children		
	Good	Poor	t	Good	Poor	t	Good	Poor	t	Good	Poor	t	Good	Poor	t	Good	Poor	t
(A) <i>Nobody</i> :																		
Positive	1.00	0.17	1.58	0.33	0.80		0.62	0.45		2.44	3.91	1.12	6.82	3.17	1.16	4.85	3.65	
Negative	4.22	1.17	1.78†	1.58	2.60		2.71	1.82		13.11	11.00		15.18	7.83	1.44	14.25	9.88	1.30
Total involvement	5.22	1.33	1.96†	1.92	3.40	1.03	3.33	2.27		15.56	14.91		22.00	11.00	1.39	19.10	13.53	1.21
Dependency	0.11	1.17	1.07	0.42	1.00		0.29	1.09	1.53	3.89	4.09		8.09	2.50	2.50†	6.20	3.53	1.83‡
(B) <i>Father</i> :																		
Positive	4.44	2.00	2.16†	2.83	4.20	1.41	3.52	3.00		8.33	7.00		4.09	6.17	1.62	6.00	6.71	
Negative	3.33	3.17	1.13	1.75	2.80		2.43	3.00		4.00	6.36		3.64	8.33	1.41	3.80	7.06	1.61
Total involvement	7.78	5.17	1.13	4.58	7.00	1.40	5.95	6.00		12.33	13.36		7.73	14.50	1.83‡	9.80	13.76	1.67
Positive-negative	1.11	1.17	1.73	1.08	1.40		1.10	0		4.33	0.64		0.45	2.17		2.20	0.35	
Dependency	2.11	0.33	2.95†	0.83	0.80		1.38	0.55	1.84‡	1.33	0.64	1.06	0.45	2.67	1.45	0.85	1.35	
(C) <i>Mother</i> :																		
Positive	3.67	5.67	1.71	4.83	3.20	1.35	4.33	4.55		13.00	13.82		11.36	10.00		12.10	12.47	
Negative	2.11	1.17	1.10	3.67	3.20		3.00	2.09	1.08	1.67	2.55		1.09	1.50		1.35	2.18	
Total involvement	5.78	6.83		8.50	6.40		7.33	6.64		14.67	16.36		12.45	11.50		13.45	14.65	
Positive-negative	1.56	4.50	1.84‡	1.17	0	1.10	1.33	2.45		11.33	11.27		10.27	8.50		10.75	10.29	
Dependency	4.33	3.67		3.75	2.60		4.00	3.18	1.11	1.00	1.18		0.09	2.50	2.04‡	0.50	1.65	1.94‡
(D) <i>Positive-negative:</i> <i>Mother-Father</i>	0.44	5.67	2.48†	0.08	-1.40		0.24	2.45	1.18	7.00	10.64		9.82	10.67		8.55	10.65	
(E) <i>Self</i> :																		
Positive	1.22	1.83		0.83	2.20	1.56	1.00	2.00	1.37	1.22	1.55		0.18	2.50	1.83‡	0.65	1.88	1.86‡
Negative	0.33	1.50	1.46	0.83	2.20	1.34	0.62	1.82	1.82‡	1.78	1.55		0.36	1.17	1.04	1.00	1.41	
Total involvement	1.56	3.33		1.67	4.40	2.12‡	1.62	3.82	1.92‡	3.00	3.09		0.55	3.67	1.64	1.65	3.29	1.53
Positive-negative	0.89	0.33		0	0		0.38	0.18		-0.56	0.00		-0.18	1.33	1.88‡	-0.35	0.47	
Dependency	0.44	1.00		0.75	2.00	1.32	0.62	1.45	1.32	3.22	4.54		3.64	4.67		3.45	4.59	
(F) <i>Siblings</i> (all siblings):																		
Positive	6.38	7.33		7.25	6.00		6.90	6.80		18.33	12.27	1.17	11.73	12.67		14.70	12.41	
Negative	6.88	9.33	1.44	7.92	6.50		7.50	8.20		13.33	13.18		13.36	14.67		13.35	13.71	
Total involvement	13.25	16.67	1.69	15.17	12.50		14.40	15.00		31.67	25.45	1.04	25.09	27.33		28.05	26.12	
Positive-negative	-0.50	-2.00		-0.67	-0.50		-0.60	-1.40		5.00	-0.91		-1.64	-2.00		1.35	-1.29	
Dependency	1.13	1.83	1.08	2.08	2.25		1.70	2.00		12.11	9.91		5.36	10.00	2.10†	8.40	9.94	
(G) <i>Most Involved Sibling</i> :																		
Positive-negative	-2.75	-2.33		-0.75	0.25		-1.55	-1.30		1.00	-1.00		-1.64	-5.83	1.15	-0.45	-2.71	
NUMBER OF CASES	9	6		12	5		21	11		9	11		11	6		20	17	

Note: The entries in this Table represent the mean scores for each group of subjects.

\* .01 level (2-tailed) † .05 level (2-tailed) ‡ .10 level (2-tailed)  
Only values of *t* equal to or greater than 1.00 are included in the Table.

When the data for older and younger boys are combined, the sicker boys, regardless of age, give more positive items to the Mother figure ( $\cdot 10$  level), and also have a greater total involvement with her ( $\cdot 05$  level).

When data for older and younger girls are combined, the converse relationship appears: the sicker girls have a greater total involvement with the Father figure than do the healthier girls ( $\cdot 01$  level), and they also ascribe more positive items to him ( $\cdot 10$  level). The sicker girls also have greater involvement with the Self figure ( $\cdot 02$  level), in which the positive items predominate ( $\cdot 01$  level).

(b) *Discussion.* Sicker children, in general, are more highly involved with the parent of the opposite sex than are the healthier children, and this is especially true of positive feelings. The healthier children tend to have more equal attitudes toward both parents. In younger children, where the test provides a more direct statement of the child's dependency relations, we find that healthier children are more likely to rely on the parent of the same sex, while sicker children report fewer sources of help from either parent, relying instead on themselves or on Nobody. The total involvement with Self is greater in the case of all sicker children, but significantly so only for girls. No significant differences were demonstrated between healthier and sicker children in their relationships toward siblings, except that ambivalence is more clearly expressed by healthier boys.

## 2. *Health of Family* (see Table II)

(a) *Additional Findings.* All the younger boys from healthier families have a net positive reaction to Self, compared to only 22 per cent. of younger boys from sicker families ( $\cdot 01$  level). The former express some dependence on Father (100 per cent. vs. 56 per cent.,  $\cdot 10$  level), and fewer of them express dependence on any sibling (20 per cent. vs.  $\cdot 89$  per cent.,  $\cdot 05$  level). Younger girls as well as younger boys from healthier families attribute fewer feelings of dependence to Nobody and to Self than do younger children in sicker families ( $\cdot 10$  level).

Sixty per cent. of the older boys from healthier families express mixed feelings toward siblings, compared to 20 per cent. of older boys from sicker families ( $\cdot 10$  level). When over-protection and over-indulgence items are taken separately, boys from healthier families perceive less over-indulgence from either parent as directed toward the Self figure ( $\cdot 02$  level).

When the reactions of both older and younger boys in sicker and healthier families are compared, those from sicker families demonstrate a greater total involvement with the mother ( $\cdot 05$  level) a more positive net reaction toward her ( $\cdot 05$  level) and a preference for her over the father ( $\cdot 10$  level). They give more positive items to Self ( $\cdot 02$  level) and have a more positive net reaction to Self ( $\cdot 05$  level).

Girls from sicker families contrasted with girls from healthier families have a greater total involvement with Self ( $\cdot 05$  level) including a greater number of positive ( $\cdot 10$  level) and negative items ( $\cdot 02$  level), and also give more positive items to Nobody ( $\cdot 02$  level).

(b) *Discussion.* Children in sicker families show a consistent preference for the mother over the father while in healthier families feelings are directed toward both parents equally. The younger children in sicker families are more likely to report a lack of support (i.e. dependence on Self or Nobody).

The family's health also impinges on the children's attitudes toward self.

TABLE II  
Health of the Family vs. Bene-Anthony Test Scores

HEALTH OF CHILD	TEST SCORES											
	Younger Boys			Younger Girls			Younger Children			Older Boys		
	Good	Poor	t	Good	Poor	t	Good	Poor	t	Good	Poor	t
(A) <i>Nobody</i> :												
Positive	1.50	0.11	2.04†	0.33	0.63		0.80	0.35	1.16	2.20	4.30	1.61
Negative	4.53	1.78	1.14	2.78	2.00		3.00	2.88		10.40	13.50	
Total involvement	6.53	1.89	1.04	2.11	2.63		3.80	2.24	1.08	12.60	17.80	
Dependency	0.17	0.78	1.12	0.44	0.75		0.33	0.76	1.13	3.50	4.50	
(B) <i>Father</i> :												
Positive	4.33	2.89	1.13	3.44	3.00		3.80	2.94		8.20	7.00	
Negative	2.33	3.89	1.27	1.67	2.50		1.93	2.24		3.60	7.00	
Total involvement	6.67	6.78		5.11	5.50		5.73	5.18		11.80	14.00	
Positive-Negative	2.00	1.00	2.31†	1.78	0.50		1.87	0.28	2.06†	4.60	0	
Dependency	1.83	1.11		1.00	0.63		1.33	0.88		1.60	0.30	2.31†
(C) <i>Mother</i> :												
Positive	4.17	4.67		4.11	4.63		4.13	4.65		11.90	15.00	
Negative	1.67	1.78		3.56	3.50		2.80	2.59		3.20	1.10	2.09†
Total involvement	5.83	6.44		7.67	8.13		6.93	7.24		15.10	16.10	
Positive-Negative	2.50	2.89		0.56	1.13		1.33	2.06		8.70	13.90	
Dependency	4.83	3.56	1.04	3.33	3.50		3.33	3.53		1.30	0.90	1.61
(D) <i>Positive-Negative:</i>												
<i>Mother-Father</i>	0.50	3.89	1.41	-1.22	0.63		-0.53	2.35	1.73†	4.10	13.90	1.88†
(E) <i>Self</i> :												
Positive	1.83	1.22		0.44	2.13	2.72†	1.00	1.65	1.15	2.00	0.80	1.41
Negative	0.50	1.00		0.56	2.00	1.80†	0.53	1.47	2.31†	3.30	2.80	
Total involvement	2.33	2.22		1.00	4.13	3.08†	1.53	3.12	1.76†	5.60	3.60	
Positive-Negative	1.33	0.22	1.94†	-0.11	0.13		0.47	0.18		0.70	-1.20	
Dependency	0.50	0.78		0.56	1.75	1.74	0.53	1.24	1.43	3.20	4.70	1.01
(F) <i>Siblings (all siblings)</i> :												
Positive	5.00	7.78	2.21†	7.89	5.71	1.51	6.96	6.88		18.00	12.00	1.25
Negative	8.20	7.78		8.11	6.86		8.14	7.38		15.40	11.10	1.09
Total involvement	13.20	15.56		16.00	12.57	1.11	15.00	14.25		33.40	23.10	1.88†
Positive-Negative	-3.20	0	1.71	-0.22	-1.14		-1.29	-0.50		2.60	0.90	
Dependency	0.80	1.78	1.25	2.44	1.71		1.73	1.63		11.70	10.10	
(G) <i>Most Involved Sibling</i> :												
Positive-Negative	-3.60	-2.00		-0.11	-1.00		-1.36	-1.56		-1.20	0.80	
NUMBER OF CASES	6	9		9	8		15	17		10	10	
										8	9	
										18	19	

NOTE: The entries in this Table represent the mean scores for each group of subjects.

\* .01 level (2-tailed) † .05 level (2-tailed) ‡ .10 level (2-tailed)

Only values of t equal to or greater than 1.00 are included in the Table.

Girls from sicker families show a greater total involvement with Self in contrast to boys from the same families who have a negative attitude toward Self.

Some relationships are manifest only in older children. More items, especially positive ones, are assigned to Nobody in sicker families—suggesting that these children direct fewer positive feelings toward any member of the family. In healthier families both boys and girls are greatly involved with siblings, the boys indicating ambivalent feelings, the girls expressing hostility. In sicker families there appears to be a withdrawal from such involvement particularly in the area of positive feelings.

### 3. *Quality of Marriage* (see Table III)

(a) *Additional Findings.* For younger children no relationships of statistical significance are associated with this variable, but a few relationships hold true for the entire sample regardless of age or sex—when the data for children from more adequate marriages are compared with those from less adequate marriages, in the former case, more items both positive and negative are assigned to the mother ( $\cdot 10$  level). A more positive net reaction is expressed toward the father ( $\cdot 05$  level) and a more negative net reaction is directed toward the sibling with whom the child is most strongly involved ( $\cdot 05$  level). When the data for older boys of more adequate marriages are analysed separately, these boys attribute fewer dependency items dealing with over-indulgence to Nobody ( $\cdot 01$  level). This trend holds when the data for older boys and girls from more adequate marriages are combined and compared with the data for older children of less adequate marriages.

(b) *Discussion.* The fact that the quality of the marriage does not affect the test results in younger children is worthy of note since younger children are affected by characteristics of the mother and father separately as evidenced by the scores obtained for the variables dealing with the parents' concern for their children and the father's adequacy as a provider.

These characteristics of the parents impinge directly on the child's life and it is possible that the relationship of the parents to each other becomes meaningful only as the child grows older.

For older children, the preference for the mother over the father is marked where the marriage is less adequate. The quality of the marriage does not affect boys' attitudes toward the father, and the girls' attitude toward the mother is not affected. But in poor marriages, boys express positive attitudes towards the mother almost exclusively and the girls show a marked shift of negative feelings toward the father, while both boys and girls feel that the parents are less likely to over-indulge any member of the family.

Where the marriage is good, the attitudes towards both parents are positive and fairly similar, and boys allow some negative feelings to be expressed toward the mother.

While more negative attitudes are expressed toward siblings when the data for all siblings are added together, there is a trend for the sibling with whom the child is most involved to be strongly disliked but for primarily positive feelings to be expressed toward other children in the family. The children of less adequate marriages show no such clear contrast, but express more positive feelings toward all siblings.

TABLE III  
Adequacy of Marriage vs. Bene-Anthony Test Scores

HEALTH OF CHILD	TEST SCORES											
	Younger Boys			Younger Girls			Younger Children			Older Boys		
	Good	Poor	t	Good	Poor	t	Good	Poor	t	Good	Poor	t
(A) <i>Nobody</i> :												
Positive	1.00	0.38		0.70	0.17	1.06	0.82	0.29	1.40	3.56	3.00	
Negative	4.14	2.00	1.00	2.60	1.00	1.30	3.24	1.57	1.53	8.67	15.78	1.46
Total involvement	5.14	2.38	1.08	3.30	1.17	1.64	4.06	1.86	1.69†	12.22	18.78	1.16
Dependency	0.14	0.88	1.22	0.50	0.83		0.35	0.86		2.22	5.67	2.41†
(B) <i>Father</i> :												
Positive	4.14	2.88		3.60	2.67		3.82	2.79	1.11	6.78	9.67	
Negative	2.57	3.88		2.20	1.83		2.35	3.00		4.89	6.11	
Total involvement	6.71	6.75		5.80	4.50		6.18	5.79		11.67	15.78	1.10
Positive-Negative	1.57	1.00	1.93†	1.40	0.83		1.47	0.21		1.89	3.56	
Dependency	1.29	1.50		1.20	0.33	1.56	1.24	1.00		0.78	1.00	
(C) <i>Mother</i> :												
Positive	4.14	4.75		4.00	5.50		4.06	5.07		10.56	15.67	1.61
Negative	1.71	1.75		3.10	4.33		2.53	2.86		3.00	1.22	1.53
Total involvement	5.86	6.50		7.10	9.83	1.03	6.59	7.93		13.56	16.89	
Positive-Negative	2.43	3.00		0.90	1.17		1.53	2.21		7.56	14.44	2.05†
Dependency	4.00	4.13		3.60	3.60		3.76	3.86		1.22	1.22	
(D) <i>Positive-Negative:</i>												
<i>Mother-Father</i>	0.86	4.00	1.33	-0.50	0.33		0.06	2.43	1.40	5.67	10.89	
(E) <i>Self</i> :												
Positive	2.29	0.75	1.65	1.20	1.50		1.65	1.07		1.89	1.11	
Negative	1.29	0.38	1.23	0.90	2.00		1.06	1.07		2.44	1.22	
Total involvement	3.57	1.13	1.59	2.10	3.50	1.08	2.71	2.14		4.33	2.33	1.28
Positive-Negative	1.00	0.38		0.30	-0.50		0.59	0		-0.56	-0.11	
Dependency	1.14	0.25	1.13	1.20	1.17		1.18	0.64		4.56	4.22	
(F) <i>Siblings</i> (all siblings):												
Positive	6.17	7.25		7.89	5.67	1.41	7.20	6.57		11.00	19.67	1.69
Negative	7.67	8.13		8.11	6.83		7.93	7.57		14.44	11.00	
Total involvement	13.83	15.38		16.00	12.50	1.04	15.13	14.14		25.44	30.67	
Positive-Negative	-1.50	-0.88		-0.22	-1.17		-0.73	-1.00		-3.44	8.67	1.78†
Dependency	1.67	1.25		1.89	2.17		1.13	1.36		9.22	12.33	1.16
(G) <i>Most Involved Sibling</i> :												
Positive-Negative	-2.00	-2.75		-1.44	0.50		-1.80	-1.36		-5.11	4.22	1.94†
NUMBER OF CASES	7	8		10	6		17	14		9	9	

\* .01 level (2-tailed)

† .05 level (2-tailed)

‡ .10 level (2-tailed)

Note: The entries in this Table represent the mean scores for each group of subjects.

Only values of t equal to or greater than 1.00 are included in the Table.

#### 4. *Interest of Mother in Children* (see Table IV)

(a) *Additional Findings.* Older girls with more interested mothers attributed fewer dependency items to Nobody, and this is most marked for items dealing with maternal over-protection ( $\cdot 01$  level). The qualitative aspects of dependency are brought out in the analysis of the items relating to maternal over-indulgence. This, they perceive as directed toward siblings ( $\cdot 05$  level) and their mother appears as the recipient of paternal over-indulgence ( $\cdot 10$  level). When the data for older children are combined, those with more interested mothers perceive less parental (maternal-paternal) over-indulgence as directed toward Nobody; a greater number of items in this category are assigned to siblings ( $\cdot 02$  level) and they are more likely to have their greatest involvement with a younger sibling ( $\cdot 05$  level).

In the case of older and younger boys, the sons of more interested mothers give more negative items to the Mother figure and, as a result, have a less positive net reaction to her. Older and younger girls of more interested mothers on the other hand have a greater total involvement with all siblings both in regard to positive ( $\cdot 05$  level) and to negative items ( $\cdot 05$  level). Their most frequent reaction to siblings is more likely to be ambivalent ( $\cdot 10$  level) and less likely to be positive ( $\cdot 10$  level).

(b) *Discussion.* This is one of the two variables yielding the fewest significant relationships with the Bene-Anthony Test, the other being Adequacy of Marriage, where relationships were limited to older children.

The group of mothers, as already noted, did not vary much in their degree of interest in their children: 12 were considered to show high interest; 15, high-average interest; and only one mother was felt to be definitely uninterested in her children. In general, the largest families were those with younger children, and they were also those with the most interested mothers. This finding for this particular group substantiates the clinical impression of the physicians and the nurse.

In the case of younger children where the mother's interest is low, the girls are much more involved with her both positively and negatively. The boys, on the other hand, tend to suppress negative feelings toward her, and to over-value her in comparison with the father. Their greater report of dependence on Nobody, since it is not coupled with greater dependence on Self, seems to reflect a feeling that help is unavailable, rather than self-reliance.

The significant relationships are concentrated in the group of older girls and are of interest as they may reflect the kind of identification with the mother's role which arises in association with different kinds of mothers, even when differences among these are slight. Yet one profile stands out clearly, the older girl of a loving mother who is developing a benign conception of the mother's role, has a positive and balanced attitude toward both parents, interests herself in a younger sibling, does not suppress mixed feelings about other siblings, and is developing her own self esteem.

#### 5. *Interest of Father in Children* (see Table V)

(a) *Additional Findings.* For younger boys, when the difference in dependence on the two parents is compared, those with more interested fathers rely about equally on both parents, while those with less interested fathers rely almost exclusively on the mother ( $\cdot 10$  level).

For the entire sample, children whose fathers are more interested attribute

TABLE IV  
*Mother's Interest in Children vs. Bene-Anthony Test Scores*  
 TEST SCORES

HEALTH OF CHILD	Younger Boys			Younger Girls			Younger Children			Older Boys			Older Girls			Older Children		
	High	Low	t	High	Low	t	High	Low	t	High	Low	t	High	Low	t	High	Low	t
A) <i>Nobody</i> :																		
Positive	1-11	0	2-30†	0-71	0-30		0-94	0-19	2-14†	3-50	3-00		1-00	6-50	2-47†	2-92	5-04	1-37
Negative	3-56	2-17	1-19	1-71	2-00		2-75	2-06		11-80	12-10		5-33	14-14	1-57	10-31	13-29	1-13
Total Involvement	4-67	2-17	1-19	2-43	2-30		3-69	2-25	1-04	15-30	15-10	1-00	6-33	20-64	1-93†	13-23	18-33	1-09
Dependency	0-11	1-17	1-39	0-29	0-80	1-13	0-19	0-94	1-96†	3-20	4-80		1-67	7-07	2-38†	2-85	6-13	2-38†
B) <i>Father</i> :																		
Positive	3-56	3-33		2-57	3-70		3-13	3-56		6-20	9-00		7-33	4-29	2-14†	6-46	6-25	
Negative	2-44	4-30	1-13	1-71	2-30		2-13	3-13	1-03	3-80	6-80	1-19	4-00	5-57		3-85	6-08	1-36
Total Involvement	6-00	7-83		4-29	4-00		5-25	6-69		10-00	15-80	1-69	11-33	9-86		10-31	12-33	
Positive-Negative	1-11	1-17	1-59	0-86	1-40		1-00	0-43		2-40	2-20		3-33	1-28	1-63	2-61	0-17	1-10
Dependency	1-22	1-67		0-90	0-80		1-03	1-13		0-80	1-10		1-33	1-21		0-92	1-17	
C) <i>Mother</i> :																		
Positive	4-00	5-17		2-57	5-60	2-15†	3-38	5-44	2-07†	12-80	14-10		9-00	11-29		11-92	12-46	
Negative	2-33	0-83	2-14†	2-00	4-60	1-99†	2-19	3-19	1-11	2-20	2-10		2-00	1-07	1-39	2-15	1-50	
Total Involvement	6-33	6-00		4-57	10-20	2-59†	5-56	8-63	2-14†	15-00	16-20		11-00	12-36		14-08	13-96	
Positive-Negative	1-67	4-33	1-81†	0-57	1-00		1-19	2-25	1-00	10-60	12-00		7-00	10-22		9-77	10-96	
Dependency	4-22	3-83		3-60	3-30		3-94	3-50		1-00	1-20		1-67	0-79	1-00	1-15	0-96	
(D) Positive-Negative: Mother-Father	0-56	5-50	2-56†	-0-29	-0-40		0-19	1-81		8-20	9-80		3-67	11-50	2-00†	7-16	10-79	1-04
(E) <i>Self</i> :																		
Positive	1-78	1-00		1-00	1-40		1-44	1-25		1-90	0-90	1-16	1-67	0-86		1-85	0-87	1-74†
Negative	1-00	0-50		1-14	1-30		1-06	1-00		2-20	1-10		0	0-79		1-69	0-92	
Total Involvement	2-78	1-50		2-14	2-70		2-50	2-25		4-10	2-00	1-44	1-67	1-64		3-54	1-79	1-42
Positive-Negative	0-78	0-50		-0-14	0-10		0-38	0-25		-0-30	-0-20		1-67	0-07	1-27	0-16	-0-05	
Dependency	1-11	0	1-88†	1-00	1-20		1-06	0-75		3-50	4-40		3-00	4-21		3-38	4-29	
(F) <i>Siblings</i> (all siblings):																		
Positive	7-50	5-83	1-20	9-00	5-33	2-77†	8-20	5-53	2-90*	11-50	18-50	1-48	14-67	11-50		12-23	14-42	
Negative	7-88	8-00		9-43	6-11	1-86†	8-60	6-87	1-35	13-40	13-10		22-00	12-07	2-20†	15-38	12-50	
Total Involvement	15-38	13-83		18-43	11-44	2-43†	16-80	12-40	2-37†	24-90	31-60	1-16	36-67	23-57	1-63	27-62	26-92	
Positive-Negative	-0-38	-2-17		-0-43	-0-78		-0-40	-1-33		-1-90	5-40	1-09	-7-33	-0-57	2-83†	-3-15	1-92	1-40
Dependency	1-50	1-33		2-43	1-67		1-93	1-67		11-60	10-20		10-00	6-36	1-21	11-23	7-96	1-83†
(G) <i>Most Involved Sibling</i> :																		
Positive-Negative	-2-56	-2-17		-1-57	0-33		-2-27	-0-67	1-13	-0-90	0-50		-10-67	-1-50	3-38*	-3-15	-0-67	
NUMBER OF CASES	9	6		7	10		16	16		10	10		3	14		13	24	

NOTE: The entries in this Table represent the mean scores for each group of subjects.

\* .01 level (2-tailed) † .05 level (2-tailed) ‡ .10 level (2-tailed)

6‡

Only values of t equal to or greater than 1.00 are included in the Table.



TABLE V  
Father's Interest in Children vs. Bene-Anthony Test Scores

HEALTH OF CHILD	TEST SCORES											
	Younger Boys			Younger Girls			Younger Children			Older Boys		
	High	Low	t	High	Low	t	High	Low	t	High	Low	t
(A) <i>Nobody</i> :												
Positive	1.00	0.38		0.54	0.33		0.70	0.36		3.45	3.00	
Negative	5.00	1.25	1.92†	2.15	1.33		3.15	1.27	1.80†	9.36	16.71	
Total involvement	6.00	1.63	1.86†	2.69	1.67		3.85	1.64	1.86†	12.82	19.71	
Dependency	0.57	0.50		0.38	1.67	1.06	0.45	0.82		2.64	6.00	2.15†
(B) <i>Father</i> :												
Positive	5.29	1.88	3.24*	3.54	2.00		4.15	1.91	2.93*	7.45	9.43	
Negative	3.43	3.13		2.00	2.33		2.50	2.91		4.91	6.43	
Total involvement	8.71	5.00	1.50	5.54	4.33		6.65	4.82		12.36	15.86	
Positive-Negative	1.86	1.25	2.54†	1.54	0.33		1.65	1.00	2.32†	2.55	3.00	
Dependency	2.14	0.75	1.71	0.92	0.67		1.35	0.73	1.47	0.64	1.29	
(C) <i>Mother</i> :												
Positive	4.14	4.75		3.77	8.00	1.60	3.90	5.64	1.60	11.45	15.71	1.11
Negative	1.86	1.63		3.38	4.33		2.85	2.36		2.91	0.86	2.01†
Total involvement	6.00	6.38		7.15	12.33	1.43	6.75	8.00		14.36	16.57	
Positive-Negative	2.29	3.13		0.38	3.67	1.62	1.05	3.27	1.80†	8.55	14.86	1.70
Dependency	3.29	4.75	1.37	3.54	3.67		3.45	4.45	1.25	1.00	1.57	
(D) <i>Positive-Negative:</i> <i>Mother-Father</i>	0.43	4.38	1.76†	-1.15	4.00	1.30	-0.60	4.27	2.82*	6.00	11.86	
(E) <i>Self</i> :												
Positive	2.14	0.88	1.31	1.38	1.00		1.65	0.91	1.40	1.64	1.29	
Negative	1.14	0.50		1.15	2.00		1.15	0.91		2.18	1.29	
Total involvement	3.29	1.38	1.19	2.54	3.00		2.80	1.82	1.01	3.82	2.57	
Positive-Negative	1.00	0.38		0.23	1.00		0.50	0		-0.55	0	
Dependency	1.14	0.25	1.14	1.46	0	5.01*	1.35	0.18	2.98*	5.00	3.43	1.03
(F) <i>Siblings (all siblings)</i> :												
Positive	5.67	7.63	1.43	7.58	4.67	1.24	6.94	6.81		12.73	19.43	1.07
Negative	5.67	9.63	2.72†	8.00	6.00		7.22	8.64		14.81	9.43	1.23
Total involvement	11.33	17.25	3.37*	15.58	10.67		14.17	15.45		27.55	28.86	
Positive-Negative	0	-2.00		-0.42	-1.33		-0.28	-1.82	1.14	-2.09	10.00	1.40
Dependency	1.00	1.75		2.00	2.00		1.67	1.82		9.27	13.14	1.21
(G) <i>Most Involved Sibling</i> :												
Positive-Negative	-0.33	-4.25	2.42†	-0.83	0		-0.67	-3.09	1.70†	-1.82	1.71	
NUMBER OF CASES	7	8		13	3		20	11		11	7	

† .05 level (2-tailed) † .10 level (2-tailed)

\* .01 level (2-tailed) † .10 level (2-tailed)

Only values of *t* equal to or greater than 1.00 are included in the Table.

Norms: The entries in this Table represent the mean scores for each group of subjects.

more positive items to the father ( $\cdot 001$  level) and as a result have a more positive net evaluation of the father ( $\cdot 001$  level).

Among the younger children, especially girls, of more interested fathers ambivalence towards siblings is the most frequent pattern ( $\cdot 05$  level), while older children show a predominantly negative reaction (75 per cent. vs. 26 per cent.,  $\cdot 01$  level). In the case of older and younger girls, their reaction to the sibling with whom involvement is greatest is negative ( $\cdot 05$  level).

(b) *Discussion.* The greater self-reliance expressed by younger girls with interested fathers (and also by younger boys, to a lesser degree) may indicate that such fathers help their younger children toward more mature behaviour. The greater incidence of ambivalent sibling relationships in these children would seem to represent the greater ability to experience mixed feelings toward siblings that is generally found in the healthier family situations.

The older girls with interested fathers also show the greater liking for him and the consequent more equal attitude toward both parents found in younger children.

The most consistent finding throughout the entire sample is that the more interested fathers are much better liked by their children, and that as a result their children express similar feelings toward both parents, rather than strongly favouring the mother.

When the father shows little interest, he is disliked, the mother is preferred and the child depends upon her almost exclusively. Older boys see him as a person who does not indulge the members of the family. Whether this is merely a recognition of the father's actual behaviour or represents something that has become a part of the boys' concept of Self is not clear.

#### 6. *The Father as a Provider* (see Table VI)

(a) *Additional Findings.* The younger boys whose fathers are good providers are more likely to have their greatest sibling involvement with a sister ( $\cdot 10$  level): the attitude is positive or mixed. Those whose fathers are poor providers are most involved with a brother: in all cases, the attitude is more than two-thirds negative.

The younger girls whose fathers provide well tend to show ambivalence as their predominant reaction to siblings (91 per cent. vs.  $\cdot 0$ , significant at  $\cdot 01$  level).

Among the older boys of better providers, the significant difference in dependency items given to the Self is related primarily to the items dealing with maternal over-protection ( $\cdot 02$  level) and paternal over-indulgence ( $\cdot 15$  level), which they see as directed toward themselves. In their relationships with siblings, their greatest involvement is with brothers ( $\cdot 05$  level). The older girls in these families report themselves most involved with a brother ( $\cdot 10$  level), while those with less adequate fathers are most strongly involved with sisters: when data for older boys and girls are combined, their trend reaches the  $\cdot 01$  level.

When the data for older and younger boys are combined, several significant relationships appear. Boys whose fathers are better providers give more positive items to Nobody ( $\cdot 10$  level). They have a much higher total involvement with the Father figure ( $\cdot 01$  level), which is significant for both positive ( $\cdot 10$  level) and negative ( $\cdot 05$  level) items. Their net attitude toward the sibling with whom they are most involved is more positive ( $\cdot 02$  level). The actual mode of reaction toward this sibling is more likely to be ambivalent ( $\cdot 10$  level) and less likely

## TEST SCORES

HEALTH OF CHILD	Younger Boys			Younger Girls			Younger Children			Older Boys			Older Girls			Older Children		
	Good	Poor	t	Good	Poor	t	Good	Poor	t	Good	Poor	t	Good	Poor	t	Good	Poor	t
(A) <i>Nobody</i> :																		
Positive	1.11	0	2.30†	0.18	1.20	1.71	0.60	0.55		3.83	2.17	1.29	4.00	7.33		3.89	5.27	
Negative	3.67	2.00		1.36	3.40		2.40	2.64		11.42	13.81		12.43	14.00		11.79	13.93	
Total involvement	4.78	2.00	1.30	1.55	4.60	1.59	3.00	3.18		15.25	16.00		16.43	21.33		15.68	19.20	
Dependency	0.89	0	1.73	0.18	1.60	2.06†	0.50	0.73		3.67	4.50		5.57	7.22		4.37	6.13	1.04
(B) <i>Father</i> :																		
Positive	4.33	2.17	1.88†	3.00	3.80		3.60	2.91		8.92	6.83		6.00	3.44	1.88†	7.84	4.80	1.60
Negative	3.89	2.33	1.21	1.45	3.40	1.35	2.55	2.82		7.08	2.33	2.04†	1.71	8.22	2.34†	5.11	5.87	
Total involvement	8.22	4.50	1.88†	4.45	7.20	1.12	6.15	5.73		16.00	9.17	2.11†	7.71	11.67	1.19	12.95	10.67	
Positive-Negative	0.44	-0.17		1.55	0.40		1.05	0.09		1.83	4.50		4.29	-4.78	3.18*	2.74	-1.07	1.19
Dependency	1.67	1.00		0.73	1.20		1.15	1.09		1.00	0.67		1.00	1.44		1.00	1.13	
(C) <i>Mother</i> :																		
Positive	4.00	5.17		3.45	7.00	1.59	3.70	6.00	1.96†	13.67	12.00		10.57	11.44		12.53	11.67	1.58
Negative	1.44	2.17		3.64	3.40		2.65	2.73		2.83	0.67	2.44†	0.86	1.33		2.11	1.07	
Total involvement	5.44	7.33	1.49	7.09	10.40	1.12	6.35	8.73	1.49	16.50	12.67	1.07	11.43	12.78		14.63	12.73	
Positive-Negative	2.56	3.00		-0.18	3.60	1.71	1.05	3.27	1.64	10.83	11.33		9.71	10.11		10.42	10.60	
Dependency	3.67	4.67	1.06	3.82	3.00		3.75	3.91		1.50	0.67	1.28	0.43	1.11		1.11	0.93	
(D) Positive-Negative:																		
<i>Mother-Father</i>	2.11	3.17		-1.73	3.20	1.91†	0	3.18	1.84†	9.00	6.83		5.43	14.89	1.81†	7.68	11.67	
(E) <i>Self</i> :																		
Positive	2.11	0.50	2.08†	1.18	1.60		1.60	1.00		1.33	1.83		0.71	1.33		1.11	1.53	
Negative	1.00	0.50		1.27	1.40		1.15	0.91		2.17	1.17		0.43	0.89		1.53	1.00	
Total involvement	3.11	1.00	1.63	2.45	3.00		2.75	1.91		3.50	3.00		1.14	2.22		2.63	2.53	
Positive-Negative	1.11	0	1.80†	-0.09	0.20		0.45	0.09		-0.83	0.67	1.05	0.29	0.44		-0.42	0.53	1.06
Dependency	0.89	0.33		1.09	1.40		1.00	0.82		5.25	2.67	1.97†	3.43	4.11		4.58	3.53	
(F) <i>Siblings</i> (all siblings):																		
Positive	6.25	7.50		7.82	4.75	1.38	7.16	6.40		15.92	14.17		12.57	11.22		14.68	12.40	
Negative	7.13	9.00	1.06	8.27	5.75		7.79	7.70		11.42	15.33		17.71	9.44	2.29†	13.74	11.80	
Total involvement	13.38	16.50	1.39	16.09	10.50	1.15	14.95	14.10		27.33	29.50		30.29	20.67	1.68	28.42	24.20	
Positive-Negative	-0.88	-1.50		-0.45	-1.00		-0.63	-1.30		4.50	-1.17		-5.14	1.78	2.19†	0.95	0.60	
Dependency	1.00	2.00	1.49	2.27	1.25		1.74	1.70		9.75	12.83		7.29	6.89		8.84	9.27	
(G) <i>Most Involved Sibling</i> :																		
Positive-Negative	-1.38	-4.17	1.81†	-0.18	-2.00	1.01	-0.68	-3.30	2.08†	1.92	-5.17	1.21	-8.29	1.44	3.02*	-1.84	-1.20	
NUMBER OF CASES	9	6		11	5		20	11		12	6		7	9		19	15	

**NOTE:** The entries in this Table represent the mean scores for each group of subjects.

\* .01 level (2-tailed) † .05 level (2-tailed) ‡ .10 level (2-tailed)  
Only values of  $t$  equal to or greater than 1.00 are included in the Table.

to be negative ( $\cdot 02$  level). A predominantly ambivalent relationship toward all siblings is expressed by younger children of good providers.

When the data for older and younger girls are combined, a different pattern emerges. Girls whose fathers are better providers attribute fewer positive items to Nobody ( $\cdot 10$  level). They give the Father figure fewer negative items ( $\cdot 02$  level), so that the net reaction to him is more positive ( $\cdot 10$  level) and, as a result, their net preference is more likely to be for the Father figure over the Mother ( $\cdot 10$  level). They show more total involvement with siblings ( $\cdot 10$  level), and this holds for both positive items ( $\cdot 05$  level) and negative items ( $\cdot 02$  level).

(b) *Discussion.* The father's adequacy as a provider affects boys and girls differently. These differences hold true in both the older and younger groups.

Boys whose fathers are good providers are much more overtly involved with him, and also assign a large number of positive feelings to Nobody. While the assignment of negative feelings to Nobody may be considered as a sign of the repression of unacceptable feelings, the interpretation of positive feelings given to Nobody is less clear. It is suggested that for a male to express warm feelings toward another person is considered somewhat unmanly in our culture, and that the giving of these feelings to "Nobody" by boys whose fathers are more adequate providers may reflect a stronger identification with a masculine model.

The girls whose fathers are better providers show little hostility toward their father and he is often the preferred parent, but where the father is less adequate, much hostility is expressed toward him and the mother is preferred almost exclusively, particularly in the case of the older girls.

In these families the younger girls report more dependence on "Nobody" without the accompanying dependence on Self that would indicate self-reliance, suggesting that support is less available to them. This would seem to reflect a family situation in which the mother has had to take over and be the stronger figure. The daughters identify with her, but part of the effect of this identification is that they suppress some of their more feminine attributes, particularly the free expression of warm feelings and the open admission of dependency.

The father's adequacy as a provider also affects the pattern of sibling relationships; the nature of this effect varies for the different groups. The differences noted above in the sex of the sibling chosen can perhaps be understood by a closer examination of the particular siblings chosen. In families with more adequate fathers, the younger boys tend to be most involved with a sister who is slightly older, and to express both positive and negative feelings toward her, while the older boys are most involved with a younger brother toward whom they feel warmly. This parallels a normal Oedipal pattern, in which the younger boys express affection toward an older sister who may have, for them, some of the attributes of a mother figure, while the older boys, who have presumably established a firmer identification with their fathers, become strongly involved in a warm relationship with a younger brother, with whom they probably play a paternal or big-brother role.

When the father is less adequate, younger boys have as their strongest sibling relationship, a hostile one with a brother who may be older or younger, which may be a displacement of their low opinions of their fathers toward whom they express comparatively few feelings directly. The older boys in these families all have their strongest relationship with a much younger sister (six years younger, on the average); this relationship is either strongly positive or

negative, but not a mixture of the two. Such a pattern suggests a retreat from normal masculine relationships into passivity.

The girls with more adequate fathers express more feelings, both positive and negative, about siblings than do those with less adequate fathers. They are, in other words, more actively involved, emotionally, with other children in the family, while the girls with less adequate fathers suppress their warm feelings and direct their hostility toward their fathers. The younger girls with more adequate fathers are freer in the expression of their feelings toward siblings than are young girls whose fathers are less adequate, and they consistently express ambivalence, that is, both positive and negative feelings toward the same siblings.

In contrast, young girls with less adequate fathers express dislike (outgoing feelings) for siblings while they state that their siblings like them (incoming feelings). The non-reciprocal quality of this sibling relationship is further accentuated by the fact that they are most involved with a sibling who is on the average, six years older than themselves.

All but one of the older girls with more adequate fathers express the greatest involvement with an older brother (in several cases they are adults), and the feelings expressed are overwhelmingly hostile. It seems reasonable to assume that these brothers are father-substitutes, and that there is a reservoir of hostility toward their fathers that they cannot express directly, possibly because of his adequacy and the strength of his position in the family.

The father's adequacy as a provider appears to be an index of his more general adequacy in fulfilling the requirements of an adult masculine role. In families where the father fills this role, sex roles seem to be more clearly defined, so that children of both sexes show reactions appropriate to their sex at each age level. Where the father is inadequate and, one may assume, the mother takes over some of his functions, the boys seem to have a less solid masculine identification. They appear more passive, while the girls de-value their fathers and seem deficient in their capacity for emotional interaction.

#### SUMMARY AND CONCLUSIONS

##### *Summary*

Sixty-nine children in 28 families, 17 American Negroes, 46 Puerto Ricans, 6 Americans of European descent, were tested by the Bene-Anthony Family Relations Test. No attempt was made to distinguish between the various national groups, as these were all considered to be living under similar social conditions; that is, in the same metropolitan slum sub-culture.

The Bene-Anthony Test provides a paradigm of each child tested in terms of the child's feelings in regard to himself and to members of his family as these feelings are brought out in the test situation. Whether a different pattern of relationships can be discerned under special conditions of family life was the question asked by the writers of this paper. The comparison of the test scores achieved by the children as these were rated high or low on six qualitative variables in family life did bring out significant patterns in boys and girls of different age groups and in the group, as a whole.

##### *Conclusions*

1. The child who was rated as sick by the paediatrician and nurse was more involved with the parent of the opposite sex and more self-absorbed than his healthier counterpart.

2. In the families where the majority of its members had many episodes of illness the children expressed a marked preference for the mother tempered by feelings of lack of support and a tendency to withdraw from involvement with other children, a walling off each into his own seclusion.

3. In the situation of parents' inadequate marriage, no significant differences were brought out in the test scores of younger children. For the older children, however, when the marriage is less adequate the mother is preferred, and primarily positive feelings are expressed toward siblings. Also, there is strong expression of negative feelings toward the father by the girls but no change in feelings is expressed by the boys. A more balanced attitude towards both parents is demonstrated in the families where the marriage is more adequate, but there is likely to be intense dislike of one sibling coupled with warm feelings toward other siblings.

4. In 27 of the 28 families the observers felt that the mothers had considerable interest in their children; that there was only one woman who appeared to reject her progeny. The comparison of test scores with this particular variable brought out a pattern of identification by the older girls with the mother's role whenever the mother's interest was rated especially high.

5. The findings related to the variables concerning the father's interest were consistent with those described in 4 above in that the more interested fathers were better liked by their children and in those cases both parents share the children's positive feelings.

6. The father's ability to provide is the crucial variable in this study: when he is inadequate, much hostility is expressed toward him by the girls while the boys appear to displace this hostility toward a younger sibling of the same sex—and all children concentrate more on the mother. Positive identification with the father by the boys and a more ambivalent relationship with siblings prevails in families where the father is a better provider.

7. The test results reflect the true life situation as it appears in the society where these children live. A man is judged by his ability to provide and by the family's resulting standing among their neighbours. A father who is strong in this sense can serve as an adequate model for his sons, and enable his daughters to assume an appropriate female identification. It is also recognized that a man who is sick cannot work, so that identification patterns of boys and girls in "sick" families are less distorted than they are in families whose fathers are poor providers.

8. Ambivalence—a mixture of positive and negative feelings towards parents and siblings is expressed more freely in those families where the parents are more interested in the children, the marriage is more adequate, and the father is a better provider. In the test situation, as in a life situation, the expression of ambivalence may be an index of a healthier emotional atmosphere.

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